

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 49
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Belinda Blake		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 7214 Duchamp Dr.		Amount 20.00	
City Char	State NC	Zip Code 28215	Transaction ID : 370fed1-3a13-4d88-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 146434.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Belinda Blake		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 7214 Duchamp Dr.		Amount 7.20	
City Char	State NC	Zip Code 28215	Transaction ID : eece187d-7aab-4cf4-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 146434.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
07 / 06 / 2014

Signature